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# Town of Lake View, Alabama

## Building and Inspections Packet

January 1, 2018

### **Residential Building Permit Requirements**

- Current Town of Lake View Business License.
- Copy of State Home Builder Licensure card on file with license.
- Completed Application for Building Permit.
- Completed Application for Temporary Electrical Power Service.
- Completed Subcontractor Form.
- House Plans - 2 Complete Sets. Wall detail including any fire separation between garages and living space must be shown on plans. You will need to highlight the fire wall and door on the plans.
- Foundation Survey - showing setbacks and placement of house or addition on lot.
- Tuscaloosa County Health Department Onsite approval OR approval from Tannehill Sewer.
- Land Disturbance Permit with site erosion control plan that includes gravel on driveway for access to structure.
- Landscape drawing showing trees and sod.
- Onsite construction waste disposal in place.
- Onsite portable toilet in place.

One set of accepted plans shall be kept at the site of work and shall be open to inspection by the building official or his/her authorized representative.

A foundation survey is to be furnished to the Building Department stamped by a licensed land surveyor or engineer register with the State of Alabama. A foundation survey is to be received and approved by the building department before framing or any other work begins. This is to ensure all setbacks are correct before placing any structure on the foundation.

Verification of zoning ordinance for correct setbacks is required on each lot before being permitted. The builder is responsible for meeting all requirements on property setbacks.

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The Town of Lake View, Alabama Department of Building Inspections is established to ensure the safeguarding of the citizens of Lake View regarding public health, safety and general welfare through aggressive implementation and enforcement of the codes adopted by the Town of Lake View encompassing hazards that may be imposed on the built environment.

In order to facilitate the functions of the Department of Building Inspections, Planning and Zoning coordinates all proposed projects for the Town, both residential and commercial, prior to the permitting phase. The Building Official ensures compliance of all ordinances adopted by the Town to promote the public health, safety, morals and general welfare to maintain the orderly development and growth for the general good and benefit of the people of Lake View.

NOTE: No plans will be accepted or permit issued unless all items listed above are addressed and met.

## Department of Building

22787 Central Park Dr  
Lake View, AL 35111

Monday - Thursday  
8:00 am - 4:30 pm

Town Clerk, Cheryl Self  
205.477.1999 (phone)  
205.477.1999 (fax)  
[Clerk@LakeViewAlabama.gov](mailto:Clerk@LakeViewAlabama.gov)

[BuildingDept@LakeViewAlabama.gov](mailto:BuildingDept@LakeViewAlabama.gov)

RDS  
Business License Dept.  
PO Box 830900  
Birmingham, Alabama 35283-0900  
Fax Number 205-423-4099  
Phone 800-556-7274

**Application for Temporary Business License**  
**ALL FIELDS MUST BE COMPLETED**  
**Application Good for 30 Days Upon Receipt of Payment**  
**Application must be signed by applicant and City Official**  
**See Reverse Side for Instructions**  
**And Further Information**

License Year

**Form of Ownership (Check One) Required:** ☐ Sole Proprietorship ☐ Corporation ☐ LLC-Single Member ☐ LLC -Multi Member  
☐ LLP (Limited Liability Partnership) ☐ General Partnership ☐ Governmental Agency  
☐ Professional Association ☐ Other:

Business Type: ☐ Retail ☐ Wholesale ☐ Bldg Contractor ☐ Service ☐ Professional ☐ Manufacturer ☐ Rental  
☐ Other \_\_\_\_\_ Describe the business you are conducting:

List Names of Owners(s), Partners, or Officers (Attach Separate Sheets if Necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>
John Doe	123 Main St, Springfield, IL 62761	123-456-7890	Software Engineer
Jane Smith	456 Oak Ave, Chicago, IL 60601	987-654-3210	Product Manager
Michael Johnson	789 Pine St, Naperville, IL 60563	555-123-4567	Marketing Specialist
Sarah Williams	101 Elm St, Evanston, IL 60201	222-333-4444	UX Designer
David Brown	202 Maple Dr, Schaumburg, IL 60196	777-888-9999	Quality Assurance
Emily Davis	303 Birch Ln, Des Plaines, IL 60018	666-777-8888	Business Development
Robert Miller	404 Cedar St, Oak Park, IL 60462	111-222-3333	Operations Manager
Lisa Anderson	505 Walnut Ave, Rosemont, IL 60018	444-555-6666	Finance Analyst
James Taylor	606 Spruce St, Mount Prospect, IL 60056	333-444-5555	Systems Administrator
Amanda White	707 Ash Dr, Wheeling, IL 60090	888-999-0000	Human Resources

**Returned Check Disclaimer:** Effective July 1, 2010, each returned item received by RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. RDS is not responsible for any additional bank fees that will accrue due to there submission of the returned item. Please see the full returned check policy at [www.revds.com/taxpayer/return-check-disclaimer](http://www.revds.com/taxpayer/return-check-disclaimer).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Use below chart in order to calculate business license. If you do not have a copy of a fee schedule, you may view it at [www.revds.com](http://www.revds.com).

**\*\*Reminder\*\*** Businesses located within the PJ are charged one-half the normal rate.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts (If Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
Report all types of business conducted				Add column E & F enter total in column G then add down		
<b>Penalty Info:</b>						
<b>Issuance Fee:</b>						
<b>Total Collected:</b>						

**Payment Method:** Check OR Cash (Circle One) **Payment Forwarded to RDS:** Yes OR No (Circle One)

**Municipal Signature: Reviewed / Collected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Town of Lake View, Alabama

22757 Central Park Drive  
Lake View, AL 35111  
205.477.1999 (phone)  
205.477.6534 (fax)

## Sworn Statement of Licensed Home Builder

I do hereby solemnly swear that I, or the entity of which I am a qualifying representative, am duly licensed by the State of Alabama, Home Builders Licensure Board, to engage in the activity of residential building and improvement and that I am the party responsible for the construction, or the supervision, of the activity hereby granted from this building authority.

Permit# \_\_\_\_\_ Date Issued \_\_\_\_\_

Job Address \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Builder Name on Alabama Home Builder License

\_\_\_\_\_

HBLC LIC# \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

My Commission Expires

\_\_\_\_\_

# Residential Permit Application

<p style="text-align: center;"><b>Town of Lake View, AL</b></p> <p style="text-align: center;">Building, Engineering &amp; Zoning Department</p> <p style="text-align: center;">22757 Central Park Dr Lake View, AL 35111 205.477.1999</p>	<p>Master Permit # _____</p> <p>Sewer Impact # _____</p> <p>Approval # _____</p>
	<p>\$6.50 per \$1,000 or fraction of \$1,000 of Total Project Cost.</p> <p style="text-align: center;"><b>MINIMUM PERMIT \$50.00</b></p>

<b>Contractor / Applicant</b>	Name:			<b>Site</b>	Address:						
	Address:										
	City:		St	Zip	<b>Owner</b>	Name					
	Phone		Licensed Contractor ?			Yes	No	City:		St	Zip
	State of Alabama License #			Phone							

**Work Hours: 7 am - 9 pm Monday - Friday 8:00 am - 8 pm Saturday, Sunday by permission. NO BURNING WITHIN CITY LIMITS**

Description	<input type="checkbox"/> Single Family	<input type="checkbox"/> New Construction	Brief Description of job:
		<input type="checkbox"/> Addition	
		<input type="checkbox"/> Remodel/Alterations	
		<input type="checkbox"/> Structural Repair	

☐ I hereby attest to the fact that there will be no NEW or MOVED plumbing associated with this project.

# of Stories \_\_\_\_\_ Max Width \_\_\_\_\_ Max Length \_\_\_\_\_ Max Height \_\_\_\_\_

Area per floor      Live Load Capacity			Type of Construction			
Basement	_____	_____	<input type="checkbox"/>	I	Non Combustible	
1st Floor	_____	_____	<input type="checkbox"/>	II	Non Combustible	
2nd Floor	_____	_____	<input type="checkbox"/>	VB	Wood Frame Residential	
	_____	_____	<input type="checkbox"/>	Other_____		

Important: If the cost of the project is over \$10,000 and the HOMEOWNER purchases the permit as their own contractor, the HOMEOWNER is required to sign a form provided by the Home Builders Licensure Board. If this applies to you, we will need a copy of your drivers license along with the signed, dated form. If you are not given one, please ask.

Type of heat to be provided: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____						Plans Drawn by: _____	
Will building or premises include:		Yes	No	Included in General Contract	Yes	No	Architect ____ Engineer ____ Designer ____
Automatic Sprinkler System		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Name _____ Address _____ Phone _____ State Registration # _____
Air Conditioning		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Elevators		<input type="checkbox"/>	<input type="checkbox"/>	If yes, give number	<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	
Accessory Structures		<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	

	<p>Reference ORDINANCE # _____ DEBRIS REMOVAL</p> <p>If you do not receive a copy with your permit, please request one.</p>
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Application is hereby made for a building permit to accomplish the work as herein described in accordance with duplicate plans and/or specifications submitted herewith. It is agreed that all corrections in plans and/or specifications necessary for compliance shall be observed and all requirements of the building code and all other pertinent laws and ordinances of the Town of Lake View regarding construction shall be complied with in the pursuit of this work whether or not specified herein.

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I HEREBY CERTIFY: that I have read this application and that all information contained herein is true and correct; that I agree to comply with all Town of Lake View ordinances and State laws regulating building construction; that I am the owner or authorized to act as the owner's agent for the herein described work; and that the total contract or valuation is:

Total Cost of Project: \$ \_\_\_\_\_ Print Name of Company/Owner \_\_\_\_\_

Date: \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_ Signature: \_\_\_\_\_

	By Owner or Authorized Agent
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# Town of Lake View, Alabama

22575 Central Park Drive  
Lake View, AL 35111  
205.477.1999 (ofc)  
205.477.6534 (fax)  
BuildingDept@LakeViewAlabama.gov

## Application for Temporary Electrical Power Service

Permit# \_\_\_\_\_ Date Issued \_\_\_\_\_

Job Address \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Contractor Company Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

### Temporary Electrical Power Service For:

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Other

In the performance of this work, is there any excavation required of street, alley, sidewalk or public rights of way required?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, refer to Land Disturbance permit.

ALL INFORMATION GIVEN HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. KNOWLEDGE. I/WE ASSUME ALL RESPONSIBILITY FOR THE TEMPORARY ELECTRICAL POWER SERVICE INSTALLATION ON THIS JOB AND HOLD HARMLESS ANY CLAIMS AGAINST THE TOWN OF LAKE VIEW, ITS COUNCIL AND/OR ITS AGENCIES RELATING TO THIS TEMPORARY ELECTRICAL POWER SERVICE FOR WHICH THIS PERMIT IS ISSUED. I FULLY UNDERSTAND THE TOWN OF LAKE VIEW HAS ADOPTED THE INTERNATIONAL BUILDING CODES 2009 AND THE TEMPORARY ELECTRICAL POWER SERVICE WILL MEET OR EXCEED ALL APPLICABLE CODES. TEMPORARY ELECTRICAL POWER SERVICE PERMIT COST \$20.00.

PRINT NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FINAL APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_

# Town of Lake View, Alabama

## Land Disturbance Permit Application

Grading/Excavating

Land Clearing Acreage: Bond Amount\$ Bond Type: Bond Release Date:

Date: Permit No. Job Cost:

Parcel ID or  
Project Address Permit Amount\$

Subdivision Lot

Owner / Occupant

Address

City State Zip Phone

Contractor Name

Address

City State Zip Phone

Occupancy Type:		Residential		Commercial		Institutional	
Work Type:		New Bld.		Bld. Addition		Bld. Renovation	
Type Const:		Protected		Zoning		Plans By:	

Circle or Underline One: Sewer: Yes/No

Water: Warrior River / Well

\* \* \* \* SIGNATURES \* \* \* \*

By signing this application, I hereby certify that all information herein is true and correct, and I agree to be personally responsible to the City of Irondale/State of Alabama for any and all code violations and code enforcement associated with this construction application and the installation contemplated herein, whether such actions or inactions were performed by me, my company, employees, contractors or sub-contractors. Any adverse effects or sediment is permit holders responsibility.

QCP or Plan Prepared By:

Contractor (Print): Signature

Owner: NPDES#

Email Contact:

Town of Lake View, AL - Department of Building

22575 Central Park Drive  
Lake View, AL 35111  
205.477.1999 (phone)  
205.477.6534 (fax)

# Town of Lake View, Alabama

22575 Central Park Drive  
Lake View, AL 35111  
205.477.1999 (phone)  
205.477.6534 (fax)

## Sub-Contractor/Supplier Ledger

Permit# \_\_\_\_\_ Date Issued \_\_\_\_\_

Job Address \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Contractor Company Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

This Must be presented to the Inspection Services FIVE (5) DAYS before the need for permanent power. All information must be completed before this document will be reviewed. All subcontractors who will be doing work on this job should be listed below. It will be your responsibility to notify the Inspection Services of any changes in contractors or subcontractors before completion of this project. Until all subcontractors have been licensed by the Town of Lake View, Certificates of Occupancy.

License #	Type of Work	Contractor Name	Address	Phone
	Alarm System			
	Architect			
	Blind Installation			
	Block / Brick			
	Cabinets			
	Carpenter - Framing			
	Carpenter - Finish			
	Ceiling/Accoustical			
	CleanUp - Site			
	CleanUp - Final			
	Concrete - Finisher			
	Concrete - Walls			
	Electrician			
	Elevators			
	Exterminator			



License #	Type of Work	Contractor Name	Address	Phone
	Fencing			
	Fireplace Installation			
	Flooring - Carpet			
	Flooring - Tile			
	Flooring - Hardwood			
	Footings			
	Garage Doors			
	Gas Fixtures			
	Glass/Mirrors			
	Grading/Excavation			
	Gutters			
	HVAC			
	Insulation			
	Interior Decorator			
	Landscape/Sod			
	Metal Studs			
	Ornamental Iron			
	Painting			
	Paving			
	Plumbing			
	Roofing			
	Septic Tank			
	Sheet Metal			
	Sheetrock/Drywall			
	Siding - Vinyl			
	Sprinkler System			
	Steel Post			
	Surveyor			
	Swimming Pool			

License #	Type of Work	Contractor Name	Address	Phone
	Termite			
	Vacuum System			
	Wallpaper			
	Window Installation			
	Waterproofing			
	Other			
	Other			

License #	Materials Delivered	Company Name	Address	Phone
	Brick			
	Block			
	Concrete			
	Doors			
	Finish Material			
	Gravel			
	Lumber			
	Roofing			
	Sheetrock/Drywall			
	Siding			
	Sod/Grass			
	Soil/Dirt			
	Windows			

I HEREBY CERTIFY that I have read this sub-contractors list and that all information herein is true and correct, that I agree to comply with all city ordinances and I am the owner or authorized to act as the owner's agent.

PRINT NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **Tannehill Sewer Permitting Process**

The Owner will deliver the following to Engineers of the South (EOS), 2025 First Avenue North; Suite 100, Birmingham, AL 35203, Ph. (205) 327-9140:

- Copy of plans for the structure to be built
- Copy of deed
- Copy of preliminary plot plan (showing proposed location of sewer service line & water cut-off)
- Original copy of Sewer connection permit application (signed & dated)
- Original copy of Sewer impact permit application (signed & dated)
- Check for impact fees
- Check for connection fee & deposit

Within 1-2 business days, EOS will review documents for accuracy and completeness. EOS will notify the Owner if there are any deficiencies during this period. If complete and accurate, EOS will email scanned images of applications and checks to the Tannehill Sewer System (TSS). The applications and checks will then be mailed to the TSS business office.

Upon review, the TSS business office will notify via email; the Governmental Permitting Authority (GPA), the Owner (via the email address stated on the permit application), and EOS, that the Owner's property is released for a building permit to be issued. **The GPA will not release the Owner's property for a building permit to be issued until such notification has been received.**

Once the sewer service lateral has been installed and before it is covered, after a 24-48 hour notice, EOS will inspect the exposed sewer service line. If the sewer service line does not pass inspection, EOS will notify the Owner via email by the end of the next business day. **If the sewer service line has been covered prior to the inspection, it must be uncovered and re-inspected.**

Once the structure and final landscaping is complete, after a 24-48 hour notice, EOS will inspect the water lock-out valve and do a walk-through of the Owner's property for a final fixture count. Any fixtures not included on the original permit applications will be charged a double fixture fee. The structure must be unlocked and accessible for the final fixture count. If the water lock-out valve does not pass inspection or additional impact fees are required, EOS will notify the Owner via email by the end of the next business day and a re-inspection may be required. Once any deficiencies have been rectified, EOS will notify the TSS business office that the Owner's property has passed final inspection and of the final fixture count. EOS will also provide the TSS business office with a markup of the preliminary plot plan showing the final location of the sewer service line and the water lock-out valve.

All inspection dates and results will be noted on the permit application.

Upon completion of the final inspection and approval, and after final review, the TSS business office will notify the GPA that a Certificate of Occupancy may be issued for the Owner's property. **The GPA will not release the Owner's property for a Certificate of Occupancy until such notification has been received.**

*NOTE: The Owner is responsible for any errors in the permit applications. An Assessment Letter detailing current unpaid fees and charges to the Owner's account must be requested by the Owner a minimum of 10 business days prior to any transfer of title. Any transfer of title prior to the final sewer approval notification to the GPA and / or the issuance of an Assessment Letter will subject the Owner to fines, fees and forfeitures as outlined in the permit applications and the Wastewater Standards available at: <http://www.tannehillsewer.com>.*

## CEP-2

NOTE: This is an application ONLY. Completion DOES NOT constitute an approval or permit to install or approval for use.

**APPLICATION**  
**FOR A PERMIT TO INSTALL (REPAIR)**  
**SMALL FLOW ONSITE SEWAGE DISPOSAL SYSTEM**  
*For a System of Total Flow Less than 1201 gpd*

For Department Use Only



ALABAMA DEPARTMENT  
 OF PUBLIC HEALTH  
☐ New ☐ Repair

County Health Department  
 Co. Health Dept. I.D. No.  
 Date Received

Date Fee Paid  
 Fee Amount  
 Fee Code  
 Receipt No.

**PART A** To Be Completed and Signed By the Owner/Authorized Agent

(1) Owner Name \_\_\_\_\_ (2) Daytime Phone: ( ) \_\_\_\_\_  
 (Type or Print) (3) Alternate Phone: ( ) \_\_\_\_\_

(4) Property's -E911 Address (or directions if address not available): \_\_\_\_\_

(5) City \_\_\_\_\_ (6) County \_\_\_\_\_ (7) State AL (8) Zip \_\_\_\_\_

(9) Property Size: \_\_\_\_\_ acre(s) (10) Water System serving site : \_\_\_\_\_ ☐ Public ☐ Private

IF THIS PROPERTY IS WITHIN A LARGE FLOW DEVELOPMENT COMPLETE ITEMS 11 – 15:

(11) Name of Development: \_\_\_\_\_  
 (12) Plat/Phase/Addition/Sector: \_\_\_\_\_ (13) Block: \_\_\_\_\_ (14) Lot: \_\_\_\_\_  
 (15) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed ☐ Yes ☐ No  
*(Note: The Developer can provide Site Preparation Plan information relative to this lot)*

IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 – 23 WITH THE **TOTAL QUANTITY** OF EACH:

(16) Site built (permanent) Dwelling(s): \_\_\_\_\_ (17) Manufactured Home (mobile, double wide): \_\_\_\_\_  
 (18) Number of bedrooms: \_\_\_\_\_ (19) Basements: \_\_\_\_\_  
 (20) Garbage Disposals: \_\_\_\_\_ (21) Spa/Hot Tubs: \_\_\_\_\_ gallons  
 (22) Wells/Potable Springs: \_\_\_\_\_ (23) Swimming pool: \_\_\_\_\_  
*(this includes irrigation wells)*

IF THIS SYSTEM WILL SERVE AN ESTABLISHMENT(S), COMPLETE ITEMS 24 – 28 AND INCLUDE A FLOOR PLAN DRAWN TO SCALE:

(24) Number of buildings to be affected by this project: \_\_\_\_\_  
 (25) Use of Building(s): \_\_\_\_\_ (restaurant, church, school, etc.)  
 (26) Number of Patrons/day: \_\_\_\_\_ (27) Number of Employees: \_\_\_\_\_ (28) Number of Shifts: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** By signing this application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I understand that the property named in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I acknowledge that the person who installs (repairs) and certifies this onsite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as enacted, and as implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application. **If this onsite system application is for an engineered system, as defined by the onsite rules, you are hereby informed that the Health Department will only review the application and accompanying documentation for completeness. No site visit or installation inspection will be performed. The Health Department depends on the Professional Engineer to ensure that the system is installed according to the submitted design and is in compliance with the rules. The Health Department assumes no liability.**

☐ Owner ☐ Authorized Agent: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CEP-2

NOTE: This is an application ONLY. Completion DOES NOT constitute an approval or permit to install or approval for use.

### APPLICATION CONTINUED - Small Flow

Owner Name or Location \_\_\_\_\_

#### **PART B - SYSTEM PLANNING**

- (29) Designed system is: ☐ Engineered ☐ Conventional (30) Establishment Estimated Water Usage \_\_\_\_\_ gallons/day
- (31) Size of lot (excluding easements): \_\_\_\_\_ sq. ft. (32) Sanitary Sewer is NOT available to this lot ☐
- (33) Plot plan drawn to scale attached ☐ (required with all applications)
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lot dimensions/size/property lines | <input type="checkbox"/> Location of all soil test sites                        | <input type="checkbox"/> % slope & direction                    |
| <input type="checkbox"/> Location/dimensions of structures  | <input type="checkbox"/> Location of OSS & REDF                                 | <input type="checkbox"/> Drainage/Gullies/>25% Slope Identified |
| <input type="checkbox"/> Utilities/easements/water lines    | <input type="checkbox"/> Layout of OSS  | <input type="checkbox"/> Location of embankments/cut/fill       |
| <input type="checkbox"/> Surface waters/drainage features   | <input type="checkbox"/> Max/Min Trench Depth Proposed                          |   |
| <input type="checkbox"/> Well locations                     | <input type="checkbox"/> Aggregate & Cover <small>Recommended/Required.</small> |   |
| <input type="checkbox"/> Landfill, dump, cave, or sinkhole  | <input type="checkbox"/> Depth of fill  |   |
- (34) Construction Plan attached (See Rule 420-3-1-.15) ☐ Engineered system applications must include a CONSTRUCTION PLAN which shall be certified by an engineer. NOTE: A construction plan is not required for a system generating 1200 gallons or less of sewage (not high strength sewage) a day proposing to use a conventional onsite sewage disposal system.
- (35) ☐ Soil Survey NRCS

#### **Property Location Information**

☐ Vicinity Map If available - Section: \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

If available - Latitude (degrees/minutes/seconds) \_\_\_\_\_ Longitude (degrees/minutes/seconds) \_\_\_\_\_

#### **Application Attachments:**

☐ Legal Description or Copy of Deed ☐ Engineer Calculations (engineered design) Establishment \_\_\_\_\_ BOD/TSS lbs./day

#### -----APPLICABLE SIGNATURES BELOW-----

#### **FOR CONVENTIONAL SYSTEMS:**

☐ Engineer ☐ Land Surveyor ☐ Geologist ☐ Soil Classifier ☐ PHESS ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Last Name - PRINT or TYPE

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Firm Name (if applicable)

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

I hereby certify that the information contained in this part of the application, including all related attachments, is complete, true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For applicable professionals - AL Registration No.: \_\_\_\_\_ ☐ License Photocopy attached

**FOR ENGINEER DESIGNED SYSTEMS:** By signing below, I acknowledge that the Health Department is relying upon my professional license, judgment and skill to ensure that the system is installed according to the submitted design and in accordance with applicable statutes and rules. I further acknowledge that no site visit or installation inspection will be conducted by the Health Department based upon its reliance on this signed certification by me.

\_\_\_\_\_  
Last Name - PRINT or TYPE

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

I certify that the design features of the OSS at the address above have been designed, specified, or approved by me, and conform to design principles applicable to such projects. In my professional judgment, this system, when properly constructed, operated and maintained, will achieve the established performance standards and comply with applicable statutes of the State of Alabama and the ADPH.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration No.: \_\_\_\_\_ ☐ License Photocopy attached

#### **PART C - SITE EVALUATION**

☐ CEP 2/3 Part C Site Evaluation Form attached